

Herbal Products Supplemental

(Complete in Addition to Acord Application)

1. Agency Code: _____ Agency: _____
 2. Phone: _____ Fax: _____ Web site: _____
 3. Producer: _____ E-Mail Address: _____
 4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba.): _____
 6. Mailing Address: _____ City: _____ State: _____ Zip: _____
 7. Contact Person: _____ Phone: _____ Fax: _____
 8. Email Address: _____ Web site: _____

Applicant Information:

9. Is applicant considering any mergers, acquisitions, or divestitures? Yes No
 If yes, please explain: _____

10. Has applicant had any mergers, acquisitions, or divestitures within the past 5 years? Yes No
 If yes, please explain: _____

11. Total estimated sales for the current year: \$ _____
 12. Total estimated sales projected for next year: \$ _____

13. Please complete the following schedule per product sales and distribution *(use separate sheet if necessary)* :

Product	On Market Since	# Units in field	Price per unit	Current Year \$	1st Prior Year \$	2nd Prior Year \$	3rd Prior Year \$	Useful Life Yrs.
	/ /		\$	\$	\$	\$	\$	
	/ /		\$	\$	\$	\$	\$	
	/ /		\$	\$	\$	\$	\$	
	/ /		\$	\$	\$	\$	\$	

14. Please indicate percentage for each of the following areas:

⇒ Manufacturing: _____ %
 ⇒ Distribution: _____ %
 ⇒ Packaging: _____ %

15. Please indicate percent sales:

⇒ Wholesale: _____ %
 ⇒ Retail: _____ %
 ⇒ Mfg. Rep.: _____ %

16. What percentage of your finished products are manufactures overseas? _____ %
 What percent of total components/ingredients are purchased from foreign suppliers? _____ %
 Of total, indicate percent that is end product? _____ %
 Of total, indicate percent that is component? _____ %

Applicant Information:

17. Do you export products or have foreign operations? Yes No

If yes, please explain: _____

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18. Have you discontinued any products in the past 5 years or are you considering discontinuing any product in the near future? Yes No

If yes, please explain: _____

Manufacturers:

19. Are written quality control and testing procedures followed? Yes No

If no, please explain: _____

20. How long are control records retained? _____

21. Can you differentiate your product from those of competitors? Yes No

If no, please explain: _____

22. Do your records indicate when each product was manufactured? Yes No

If no, please explain: _____

23. Do your records include suppliers of the ingredients going into each batch of product? Yes No

If no, please explain: _____

24. Do you require certificates of Product Liability Insurance from suppliers? Yes No

If no, please explain: _____

25. Do you require all suppliers to hold you harmless or provide a broad form vendors endorsement? Yes No

If yes, please explain: _____

26. Do you have a formal product recall plan? Yes No

If no, please explain: _____

27. Do others manufacture or provide products under your name or label? Yes No

If yes, please explain: _____

28. Do you manufacture or package products for others under their name or label? Yes No

If yes, please explain: _____

29. Does your products labeling include a recommended "use by date"? Yes No

Manufacturers:

30. Do any of your current products include ephedra? Yes No
If yes, please list product line(s) and associated sales: _____

31. Have any of your products sold in the last 5 years included ephedra? Yes No

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32. Do any of your current products include Echinacea? Yes No
If yes, please list product line(s) and associated sales: _____

33. Have any of your products sold in the last 5 years included Echinacea? Yes No

34. Do any of your current products include gamma butrolactone (GBL)? Yes No
If yes, please list product line(s) and associated sales: _____

35. Have any of your products sold in the last 5 years included gamma butrolactone (GBL)? Yes No

36. Do any of your current products include L-tryptophan? Yes No
If yes, please list product line(s) and associated sales: _____

37. Have any of your products sold in the last 5 years included L-tryptophan? Yes No

Coverage Requested:

38. Limit of Liability: \$ _____

Attachments:

- 39. Catalog of products or copies of product labels.
- 40. Loss Runs, if any.
- 41. Current financial statement.
- 42. Quality Control documents, if any.

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**